



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## Group Hospitalization and Medical Services, Inc.

NAIC Group Code	<u>0380</u>	<u>0380</u>	NAIC Company Code	<u>53007</u>	Employer's ID Number	<u>53-0078070</u>
	(Current)	(Prior)				
Organized under the Laws of	<u>District of Columbia</u>			State of Domicile or Port of Entry	<u>DC</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>HMDI</u>					
Is HMO Federally Qualified? Yes [ ] No [ ]						
Incorporated/Organized	<u>08/11/1939</u>			Commenced Business	<u>03/15/1934</u>	
Statutory Home Office	<u>840 First Street NE</u>			<u>Washington, DC, US 20065</u>		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>10455 Mill Run Circle</u>					
	(Street and Number)					
	<u>Owings Mills, MD, US 21117</u>			<u>410-581-3000</u>		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	<u>10455 Mill Run Circle</u>			<u>Owings Mills, MD, US 21117</u>		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>10455 Mill Run Circle</u>					
	(Street and Number)					
	<u>Owings Mills, MD, US 21117</u>			<u>410-998-7011</u>		
	(City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	<u>www.carefirst.com</u>					
Statutory Statement Contact	<u>William Vincent Stack</u>			<u>410-998-7011</u>		
	(Name)			(Area Code) (Telephone Number)		
	<u>bill.stack@carefirst.com</u>			<u>410-998-6850</u>		
	(E-mail Address)			(FAX Number)		

### OFFICERS

President and Chief Executive Officer	<u>Chester Emerson Burrell</u>	Corp. Treasurer & VP	<u>Jeanne Ann Kennedy</u>
Corp. Secretary, Exec.VP & Gen. Counsel	<u>Meryl Davis Burgin</u>		

### OTHER

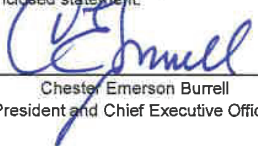
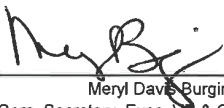
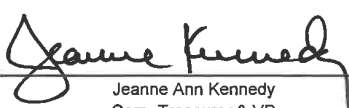
<u>Gregory Mark Chaney EVP, CFO</u>	<u>Fred Adrian Walton Plumb EVP, SBU - FEP</u>	<u>Jonathan David Blum # EVP, Medical Affairs</u>
<u>Harry Dietz Fox EVP, Technical &amp; Ops Support</u>	<u>Steven Jon Margolis EVP, Small &amp; Medium Group SBU</u>	<u>Wanda Kay Oneferu-Bey EVP, Consumer Direct SBU</u>
<u>Michael Bruce Edwards SVP, Networks Mgmt</u>	<u>Gwendolyn Denise Skilern SVP, General Auditor</u>	<u>Rita Ann Costello SVP, Strategic Marketing</u>
<u>Maria Harris Tildon SVP, Public Policy</u>	<u>Jon Paul Shematek SVP, Chief Medical Officer</u>	<u>Kenny Waitem Kan SVP, Chief Actuary</u>
<u>Jennifer Ann Cryor Baldwin SVP, Patient Centered Medical Home (PCMH)</u>	<u>Michelle Judith Wright SVP, Human Resources</u>	<u>Usha Nakhasi # SVP, Gen Mgr SBPASC/FEPOC</u>

### DIRECTORS OR TRUSTEES

<u>Shirley Marcus Allen #</u>	<u>Clifford Edward Barnes #</u>	<u>Faye Ford Fields</u>
<u>Artis Gail Hampshire-Cowan</u>	<u>Polly Povejil Heath #</u>	<u>Bernard Keith Jarvis</u>
<u>Wendell Lee Johns</u>	<u>Robert Carl Kovarik Jr. #</u>	<u>Jack Allan Meyer</u>
<u>Shirley Rollins Patterson #</u>	<u>Beverly Lee Perry #</u>	<u>Elena Victoria Rios</u>
<u>Patricia Amelia Rodriguez</u>	<u>Robert Lee Sloan</u>	

State of Maryland SS:  
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Chester Emerson Burrell President and Chief Executive Officer	 Meryl Davis Burgin Corp. Secretary, Exec. VP & Gen. Counsel	 Jeanne Ann Kennedy Corp. Treasurer & VP
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Subscribed and sworn to before me this 26th day of February, 2015  
Kathleen M. Rumbley

a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

Kathleen M. Rumbley  
NOTARY PUBLIC  
Baltimore County, Maryland  
My Commission Expires 3/06/16

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	10,057,770	10,057,770	0	4,796,846	4,796,846	20,115,538
0199999. Total Pharmaceutical Rebate Receivables	10,057,770	10,057,770	0	4,796,846	4,796,846	20,115,538
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,046,345	229,904	214,784	5,761,285	7,252,317	0
0299999. Total Claim Overpayment Receivables	1,046,345	229,904	214,784	5,761,285	7,252,317	0
John Hopkins Hospital	16,088,900	0	0	0	0	16,088,900
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	79,514,299	0	0	0	0	79,514,299
0399999. Total Loans and Advances to Providers	95,603,199	0	0	0	0	95,603,199
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	1,678,943	0	0	0	0	1,678,943
0699999. Total Other Receivables	1,678,943	0	0	0	0	1,678,943
0799999 Gross health care receivables	108,386,257	10,287,674	214,784	10,558,131	12,049,163	117,397,680

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	6,258,237	0	0	24,912,386	6,258,237	6,258,237
2. Claim overpayment receivables .....	12,147,027	0	0	7,252,317	12,147,027	12,147,027
3. Loans and advances to providers .....	96,980,182	0	0	95,603,199	96,980,182	96,980,182
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	0	0	0	0	0	0
6. Other health care receivables.....	2,523,518	0	0	1,678,943	2,523,518	2,523,518
7. Totals (Lines 1 through 6)	117,908,964	0	0	129,446,845	117,908,964	117,908,964

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

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## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization &amp; Medical Services, Inc.

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	18,454,523	0	14,908,697	3,545,826	3,545,826	0
2.	Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3.	Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4.	Durable medical equipment .....	0	0	0	0	0	0
5.	Other property and equipment	0	6,665,975	3,422,740	3,243,235	3,243,235	0
6.	Total	18,454,523	6,665,975	18,331,437	6,789,061	6,789,061	0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		District of Columbia		DURING THE YEAR		2014		(LOCATION)	
0380		District of Columbia		NAIC Company Code		53007					
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		209,669	8,982	81,227	1,562	1,552	4,892	94,639	0	0	16,815
2. First Quarter		216,655	9,335	90,005	1,643	1,317	5,766	91,585	0	0	17,004
3. Second Quarter		217,190	9,462	91,539	1,643	1,372	5,358	90,853	0	0	16,963
4. Third Quarter		217,043	9,177	91,668	1,675	1,553	5,567	90,352	0	0	17,051
5. Current Year		224,369	8,820	98,784	1,696	1,763	5,764	90,437	0	0	17,105
6. Current Year Member Months		2,617,935	111,348	1,101,665	19,902	18,011	67,375	1,095,020	0	0	204,614
Total Member Ambulatory Encounters for Year:											
7. Physician		2,050,182	59,584	633,047	24,227	0	0	1,333,324	0	0	0
8. Non-Physician		884,349	26,977	255,987	8,606	0	0	592,779	0	0	0
9. Total		2,934,531	86,561	889,034	32,833	0	0	1,926,103	0	0	0
10. Hospital Patient Days Incurred		43,836	1,423	14,297	1,065	0	0	27,051	0	0	0
11. Number of Inpatient Admissions		9,923	353	4,184	231	0	0	5,155	0	0	0
12. Health Premiums Written (b)		925,606,609	32,925,255	463,334,571	4,333,930	6,955,411	17,596,948	394,165,524	0	0	6,294,970
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		933,337,237	31,755,255	463,334,571	4,333,930	6,955,411	17,596,948	403,066,152	0	0	6,294,970
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		792,468,537	31,756,559	366,131,159	2,563,321	6,135,876	12,339,525	370,775,022	0	0	2,767,075
18. Amount Incurred for Provision of Health Care Services		811,236,225	33,140,181	377,126,950	2,676,117	6,277,659	12,372,832	375,792,998	0	0	3,849,488

(a) For health business: number of persons insured under PPO managed care products 177,580 and number of persons insured under indemnity only products 5,898 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2014							NAIC Company Code	
		Comprehensive (Hospital & Medical)									53007	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	284,164	22,132	76,098	3,000	8,400	15,894	155,953	0	0	2,687		
2. First Quarter	314,524	30,884	72,750	4,031	8,746	38,797	156,771	0	0	2,545		
3. Second Quarter	320,724	38,608	70,824	4,228	8,790	39,342	156,404	0	0	2,528		
4. Third Quarter	321,262	38,638	70,582	4,468	8,994	39,584	155,907	0	0	3,089		
5. Current Year	326,660	38,519	76,425	4,706	9,401	38,701	155,804	0	0	3,104		
6. Current Year Member Months	3,829,034	428,496	862,666	51,514	107,130	469,190	1,875,928	0	0	34,110		
Total Member Ambulatory Encounters for Year:												
7. Physician	4,552,210	175,635	505,305	68,384	0	0	3,802,886	0	0	0		
8. Non-Physician	2,000,842	95,727	197,844	21,840	0	0	1,685,431	0	0	0		
9. Total	6,553,052	271,362	703,149	90,224	0	0	5,488,317	0	0	0		
10. Hospital Patient Days Incurred	97,755	5,171	12,934	2,668	0	0	76,982	0	0	0		
11. Number of Inpatient Admissions	20,216	1,299	3,509	556	0	0	14,852	0	0	0		
12. Health Premiums Written (b)	1,368,307,440	89,234,830	376,343,716	8,781,487	2,965,403	33,183,374	854,786,247	0	0	3,012,383		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,385,239,317	86,994,830	376,213,716	8,781,487	2,965,403	33,183,374	874,088,124	0	0	3,012,383		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,207,205,530	80,403,500	286,277,713	8,038,378	2,465,990	21,284,960	808,427,928	0	0	307,061		
18. Amount Incurred for Provision of Health Care Services	1,207,009,078	87,228,871	282,452,665	8,171,157	2,465,990	21,131,718	804,438,542	0	0	1,120,135		

(a) For health business: number of persons insured under PPO managed care products 264,020 and number of persons insured under indemnity only products 21,957

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	53007	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	234,631	20,899	75,738	2,283	2,465	3,552	120,286	0	0	9,408	
2.	First Quarter .....	240,918	22,573	76,848	2,425	2,664	6,136	119,752	0	0	10,520	
3.	Second Quarter .....	242,822	24,132	76,927	2,505	2,706	6,604	119,634	0	0	10,314	
4.	Third Quarter .....	243,038	23,081	77,086	2,643	3,099	7,406	119,213	0	0	10,510	
5.	Current Year .....	249,338	21,248	84,196	2,726	3,591	7,898	119,340	0	0	10,339	
6.	Current Year Member Months	2,914,583	275,288	931,705	30,608	35,203	81,831	1,433,757	0	0	126,191	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	3,371,389	137,237	587,527	40,793	0	0	2,605,832	0	0	0	
8.	Non-Physician .....	1,406,449	59,164	174,741	13,610	0	0	1,158,934	0	0	0	
9.	Total .....	4,777,838	196,401	762,268	54,403	0	0	3,764,766	0	0	0	
10.	Hospital Patient Days Incurred	71,644	3,800	13,511	1,466	0	0	52,867	0	0	0	
11.	Number of Inpatient Admissions	15,319	911	3,848	385	0	0	10,175	0	0	0	
12.	Health Premiums Written (b) .....	1,108,541,243	76,183,368	396,155,863	6,877,490	1,333,255	12,220,252	614,111,276	0	0	1,659,739	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	1,120,370,237	74,643,368	395,657,647	6,877,490	1,333,255	12,220,252	627,978,486	0	0	1,659,739	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	962,394,247	63,366,083	307,174,277	4,453,322	1,346,464	12,222,369	573,655,225	0	0	176,507	
18.	Amount Incurred for Provision of Health Care Services	970,287,335	65,656,190	311,061,748	4,635,425	1,346,464	12,145,392	574,745,859	0	0	696,257	

(a) For health business: number of persons insured under PPO managed care products .....206,083 and number of persons insured under indemnity only products .....8,636 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

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REPORT FOR: 1. CORPORATION

Group Hospitalization and Medical Services, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		(LOCATION)		2014		NAIC Company Code		53007	
0380		1		Comprehensive (Hospital & Medical)		4		5		6		7		8	
		2		3											
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan	
														Title XVIII Medicare	
														Title XIX Medicaid	
														Other	
Total Members at end of:															
1. Prior Year		728,464		52,013		233,063		6,845		12,417		24,338		370,878	
2. First Quarter		772,097		62,792		239,603		8,099		12,727		50,699		368,108	
3. Second Quarter		780,736		72,202		239,290		8,376		12,868		51,304		366,891	
4. Third Quarter		781,343		70,896		239,336		8,786		13,646		52,557		365,472	
5. Current Year		800,367		68,587		259,405		9,128		14,755		52,363		365,581	
6. Current Year Member Months		9,361,552		815,132		2,896,036		102,024		160,344		618,396		4,404,705	
Total Member Ambulatory Encounters for Year:															
7. Physician		9,973,781		372,456		1,725,879		133,404		0		0		7,742,042	
8. Non-Physician		4,291,640		181,868		628,572		44,056		0		0		3,437,144	
9. Total		14,265,421		554,324		2,354,451		177,460		0		0		11,179,186	
10. Hospital Patient Days Incurred		213,235		10,394		40,742		5,199		0		0		156,900	
11. Number of Inpatient Admissions		45,458		2,563		11,541		1,172		0		0		30,182	
12. Health Premiums Written (b)		3,402,455,292		198,343,453		1,235,834,150		19,992,907		11,254,069		63,000,574		1,863,063,047	
13. Life Premiums Direct		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0	
15. Health Premiums Earned		3,438,946,791		193,393,453		1,235,205,934		19,992,907		11,254,069		63,000,574		1,905,132,762	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		2,962,068,314		175,526,142		959,583,149		15,055,021		9,948,330		45,846,854		1,752,858,175	
18. Amount Incurred for Provision of Health Care Services		2,988,532,638		186,025,242		970,641,363		15,482,699		10,090,113		45,649,942		1,754,977,399	

(a) For health business: number of persons insured under PPO managed care products 647,683 and number of persons insured under indemnity only products 36,491

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Enrollment and billing systems capture and report premiums by group situs except for Federal Employees Health Benefits Program (FEHBP). FEHBP premiums from members residing in the United States are reported based on the members' residence whereas premiums from overseas members are reported in D.C.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

## SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

## SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	CML	150,352,711	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/I	MS	671,734	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	D	17,580,151	0	0	0	0	0	0
47058	52-1385894	01/01/2008	CareFirst of Maryland, Inc.	MD	QA/A/G	OH	1,374,659	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							169,979,255	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							169,979,255	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							169,979,255	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CML	932,703	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							932,703	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							932,703	0	0	0	0	0	0
1199999. Total General Account Authorized							170,911,958	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							170,911,958	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							170,911,958	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							170,911,958	0	0	0	0	0	0



Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums .....	170,912	213,590	275,737	369,607	405,007
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	0	0	0	0	0
5. Total hospital and medical expenses .....	146,365	167,151	221,931	281,857	323,668
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	10,229	11,550	18,542	22,883	33,861
8. Reinsurance recoverable on paid losses .....	16,702	16,926	8,007	0	0
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F) .....	0	0	0	XXX	XXX
19. Letters of credit (L) .....	0	0	0	XXX	XXX
20. Trust agreements (T) .....	0	0	0	XXX	XXX
21. Other (O) .....	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,051,018,511	0	1,051,018,511
2. Accident and health premiums due and unpaid (Line 15) .....	221,683,669	0	221,683,669
3. Amounts recoverable from reinsurers (Line 16.1) .....	16,702,194	(16,702,194)	0
4. Net credit for ceded reinsurance .....	XXX	7,136,556	7,136,556
5. All other admitted assets (Balance) .....	920,221,113	0	920,221,113
6. Total assets (Line 28) .....	2,209,625,487	(9,565,638)	2,200,059,849
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	281,180,279	10,288,849	291,469,128
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	0	0
9. Premiums received in advance (Line 8) .....	43,294,106	0	43,294,106
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	950,742,468	(19,854,487)	930,887,981
15. Total liabilities (Line 24) .....	1,275,216,853	(9,565,638)	1,265,651,215
16. Total capital and surplus (Line 33) .....	934,408,634	XXX	934,408,634
17. Total liabilities, capital and surplus (Line 34) .....	2,209,625,487	(9,565,638)	2,200,059,849
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	10,288,849		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	16,702,194		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	26,991,043		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	19,854,487		
30. Total ceded reinsurance payables/offsets .....	19,854,487		
31. Total net credit for ceded reinsurance .....	7,136,556		

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL	0	0	0	0	0	0
2.	Alaska .....	AK	0	0	0	0	0	0
3.	Arizona .....	AZ	0	0	0	0	0	0
4.	Arkansas .....	AR	0	0	0	0	0	0
5.	California .....	CA	0	0	0	0	0	0
6.	Colorado .....	CO	0	0	0	0	0	0
7.	Connecticut .....	CT	0	0	0	0	0	0
8.	Delaware .....	DE	0	0	0	0	0	0
9.	District of Columbia .....	DC	0	0	0	1,850	0	1,850
10.	Florida .....	FL	0	0	0	0	0	0
11.	Georgia .....	GA	0	0	0	0	0	0
12.	Hawaii .....	HI	0	0	0	0	0	0
13.	Idaho .....	ID	0	0	0	0	0	0
14.	Illinois .....	IL	0	0	0	0	0	0
15.	Indiana .....	IN	0	0	0	0	0	0
16.	Iowa .....	IA	0	0	0	0	0	0
17.	Kansas .....	KS	0	0	0	0	0	0
18.	Kentucky .....	KY	0	0	0	0	0	0
19.	Louisiana .....	LA	0	0	0	0	0	0
20.	Maine .....	ME	0	0	0	0	0	0
21.	Maryland .....	MD	0	0	0	4,368	0	4,368
22.	Massachusetts .....	MA	0	0	0	0	0	0
23.	Michigan .....	MI	0	0	0	0	0	0
24.	Minnesota .....	MN	0	0	0	0	0	0
25.	Mississippi .....	MS	0	0	0	0	0	0
26.	Missouri .....	MO	0	0	0	0	0	0
27.	Montana .....	MT	0	0	0	0	0	0
28.	Nebraska .....	NE	0	0	0	0	0	0
29.	Nevada .....	NV	0	0	0	0	0	0
30.	New Hampshire .....	NH	0	0	0	0	0	0
31.	New Jersey .....	NJ	0	0	0	0	0	0
32.	New Mexico .....	NM	0	0	0	0	0	0
33.	New York .....	NY	0	0	0	0	0	0
34.	North Carolina .....	NC	0	0	0	0	0	0
35.	North Dakota .....	ND	0	0	0	0	0	0
36.	Ohio .....	OH	0	0	0	0	0	0
37.	Oklahoma .....	OK	0	0	0	0	0	0
38.	Oregon .....	OR	0	0	0	0	0	0
39.	Pennsylvania .....	PA	0	0	0	0	0	0
40.	Rhode Island .....	RI	0	0	0	0	0	0
41.	South Carolina .....	SC	0	0	0	0	0	0
42.	South Dakota .....	SD	0	0	0	0	0	0
43.	Tennessee .....	TN	0	0	0	0	0	0
44.	Texas .....	TX	0	0	0	0	0	0
45.	Utah .....	UT	0	0	0	0	0	0
46.	Vermont .....	VT	0	0	0	0	0	0
47.	Virginia .....	VA	0	0	0	3,822	0	3,822
48.	Washington .....	WA	0	0	0	0	0	0
49.	West Virginia .....	WV	0	0	0	0	0	0
50.	Wisconsin .....	WI	0	0	0	0	0	0
51.	Wyoming .....	WY	0	0	0	0	0	0
52.	American Samoa .....	AS	0	0	0	0	0	0
53.	Guam .....	GU	0	0	0	0	0	0
54.	Puerto Rico .....	PR	0	0	0	0	0	0
55.	U.S. Virgin Islands .....	VI	0	0	0	0	0	0
56.	Northern Mariana Islands .....	MP	0	0	0	0	0	0
57.	Canada .....	CAN	0	0	0	0	0	0
58.	Aggregate Other Alien .....	OT	0	0	0	0	0	0
59.	Total		0	0	0	10,040	0	10,040

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation
N/A	

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization &amp; Medical Services, Inc.

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	YES
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	YES
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES

- Explanations:
1.

An extension was granted by the state of domicile to file on 4/15/2015.
12.
13.
14.

Not a stock company.
15.
16.
18.
19.
20.
23.

Bar Codes:	
12.	Life Supplement [Document Identifier 205]
13.	Property/Casualty Supplement [Document Identifier 207]
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]
23.	Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]



SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014  
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia  
NAIC Group Code 0380 NAIC Company Code 53007  
ADDRESS (City, State and Zip Code) Washington , DC 20065  
Person Completing This Exhibit Yi-Kit Luk  
Title Senior Actuarial Assistant Telephone Number 410-998-7466

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0000000	.01/01/1965		.11/06/1992	.07/31/1992	DC BCBS 65	320,174	235,574	.73.6	108	.0	.0	.0.0	0
NO	PR065-0790	P	NO	.0000000	.07/01/1990		.11/06/1992	.07/31/1992	DC Protection 65	184,486	121,696	.66.0	53	.0	.0	.0.0	0
YES	Medigap Plan A DC -5/99	A	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	.68,367	.6,222	.9.1	12	.0	.0	.0.0	0
YES	Medigap Plan C DC -5/99	C	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	216,924	128,553	.59.3	33	.0	.0	.0.0	0
YES	Medigap UW Plan C DC -1/01	C	NO	.0000000	.10/25/2000			.05/31/2010	Underwritten	117,665	58,342	.49.6	38	.0	.0	.0.0	0
YES	Medigap Plan F DC -5/99	F	NO	.0000000	.12/11/1992		.10/25/2000	.05/31/2010	DC Supplement 65	592,209	259,427	.43.8	122	.0	.0	.0.0	0
YES	Medigap UW Plan F DC -1/01	F	NO	.0000000	.10/25/2000			.05/31/2010	Underwritten	1,467,737	853,639	.58.2	578	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN B -6/10	B	NO	.0000000	.05/07/2010			.01/01/2012	DC Supplement 65	5,981	2,191	.36.6	3	2,194	327	14.9	1
YES	DC/CF/MG PLAN C -6/10	C	NO	.0000000	.02/11/2010			.01/01/2012	Underwritten	.61,712	58,225	.94.3	10	13,482	775	.5.7	2
YES	DC/CF/MG UW PLAN C -6/10	C	NO	.0000000	.02/11/2010			.01/01/2012	Underwritten	15,002	7,574	.50.5	5	.0	.0	.0.0	0
YES	DC/CF/MG UW PLAN F -6/10	F	NO	.0000000	.02/22/2010			.01/01/2012	DC Supplement 65	202,827	215,989	106.5	89	77,792	43,237	55.6	37
YES	DC/CF/MG UW PLAN HI DED F -6/10	F	NO	.0000000	.02/23/2010			.01/01/2012	Underwritten	27,050	5,037	.18.6	25	5,165	1,744	33.8	5
YES	DC/CF/MG UW PLAN N -6/10	N	NO	.0000000	.02/23/2010			.01/01/2012	Underwritten	3,928	306	7.8	2	.0	.0	.0.0	0
YES	DC/CF/MG PLAN A -6/10	A	NO	.0234560	.02/11/2010				DC Supplement 65	9,671	479	5.0	2	41,659	15,085	36.2	9
YES	DC/CF/MG PLAN B -6/10	B	NO	.0234500	.05/04/2010				DC Supplement 65	.0	.0	0.0	0	7,211	29,541	409.7	6
YES	DC/CF/MG PLAN F -6/10	F	NO	.0234500	.02/11/2010				DC Supplement 65	.82,627	35,973	.43.5	26	532,335	399,563	75.1	342
YES	DC/CF/MG PLAN HI DED F -6/10	F	NO	.0234500	.03/31/2010				DC Supplement 65	8,528	2,928	.34.3	6	30,850	1,743	.5.6	49
YES	DC/CF/MG PLAN G -2/12	G	NO	.0234500	.12/09/2011				DC Supplement 65	.0	.0	0.0	0	20,664	29,097	140.8	11
YES	DC/CF/MG PLAN L -2/12	L	NO	.0234500	.12/09/2011				DC Supplement 65	.0	.0	0.0	0	1,651	135	.8.2	1
YES	DC/CF/MG PLAN N -6/10	N	NO	.0234500	.02/11/2010				DC Supplement 65	2,531	2,377	.93.9	1	32,579	7,799	23.9	27
0199999. Total Experience on Individual Policies										3,387,419	1,994,532	58.9	1,113	765,582	529,046	69.1	490





SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
PRODUCT PREDATES OBRA .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117 .....  
2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117 .....  
3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550 .....
4. Explain any policies identified above as policy type "O". .....

360.MD



SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014  
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....  
NAIC Group Code 0380..... NAIC Company Code 53007.....  
ADDRESS (City, State and Zip Code) Washington , DC 20065.....  
Person Completing This Exhibit Yi-Kit Luk.....  
Title Senior Actuarial Assistant..... Telephone Number 410-998-7466.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012; 2013; 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	Blue Cross Blue Shield 65	P	NO	.0000000	.01/01/1965		.10/27/1993	.06/30/1992	MD BCBS 65	879,386	698,609	.79.4	278	.0	.0	.0.0	.0
NO	PR065-0790	P	NO	.0000000	.08/24/1990		.10/27/1993	.06/30/1992	MD Protection 65	522,392	352,150	.67.4	154	.0	.0	.0.0	.0
YES	Medigap Plan A - 5/99) M	A	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	38,529	48,480	125.8	20	.0	.0	.0.0	.0
YES	Medigap Plan C - 5/99) M	C	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	282,079	218,971	.77.6	80	.0	.0	.0.0	.0
YES	Medigap Plan F - 5/99) M	F	NO	.0000000	.06/24/1992		.09/25/2000	.12/31/1999	MD Supplement 65	825,987	510,672	.61.8	210	.0	.0	.0.0	.0
YES	MD/CF/MG PLAN C -6/10	C	NO	.0000000	.03/26/2010			.06/01/2012	MD Supplement 65	369,359	498,329	134.9	82	105,932	126,280	119.2	26
YES	MD/CF/MG PLAN A -6/10	A	NO	.0234560	.03/26/2010				MD Supplement 65	184,103	766,785	416.5	95	346,234	1,290,799	372.8	218
YES	MD/CF/MG PLAN B -6/10	B	NO	.0234500	.03/26/2010				MD Supplement 65	50,372	56,719	112.6	27	43,808	26,860	61.3	28
YES	MD/CF/MG PLAN F -6/10	F	NO	.0234500	.03/26/2010				MD Supplement 65	1,021,873	915,819	.89.6	446	3,149,464	2,278,153	72.3	1,824
YES	MD/CF/MG PLAN HI DED F -6/10	F	NO	.0234500	.03/26/2010				MD Supplement 65	101,446	55,454	.54.7	171	417,813	225,053	53.9	736
YES	MD/CF/MG PLAN G -2/12	G	NO	.0234500	.03/27/2012				MD Supplement 65	.0	.0	0.0	.0	128,194	95,842	74.8	85
YES	MD/CF/MG PLAN L -2/12	L	NO	.0234500	.03/27/2012				MD Supplement 65	.0	.0	0.0	.0	6,279	3,780	60.2	4
YES	MD/CF/MG PLAN M -2/12	M	NO	.0234500	.03/27/2012				MD Supplement 65	.0	.0	0.0	.0	7,602	7,518	98.9	4
YES	MD/CF/MG PLAN N -6/10	N	NO	.0234500	.03/26/2010				MD Supplement 65	35,006	36,405	104.0	19	434,526	141,978	32.7	290
0199999. Total Experience on Individual Policies										4,310,532	4,158,393	96.5	1,582	4,639,852	4,196,263	90.4	3,215

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
PRODUCT PREDATES OBRA .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
2.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117 .....  
2.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
3.1 Address: 10453 Mill Run Circle Owings Mills , MD 21117 .....  
3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2014  
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....  
NAIC Group Code 0380..... NAIC Company Code 53007.....  
ADDRESS (City, State and Zip Code) Washington , DC 20065.....  
Person Completing This Exhibit Yi-Kit Luk.....  
Title Senior Actuarial Assistant..... Telephone Number 410-998-7466.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	4F9-12014 -6/89	P	NO	0000000	01/01/1965			07/31/1992	VA BCBS 65	451,747	393,127	87.0	152	0	0	0.0	0
NO	PR065-0790	P	NO	0000000	07/01/1990			07/31/1992	VA Protection 65	248,077	202,258	81.5	84	0	0	0.0	0
YES	Medigap Plan A VA -5/99	A	NO	0000000	07/30/1992		10/12/2000	05/31/2010	VA Supplement 65	170,968	122,309	71.5	22	0	0	0.0	0
YES	Medigap Plan C VA -5/99	C	NO	0000000	07/30/1992		10/12/2000	05/31/2010	VA Supplement 65	361,775	321,635	88.9	37	0	0	0.0	0
YES	Medigap UW Plan C VA -1/01	C	NO	0000000	12/29/2000			05/31/2010	VA Supplement 65 Underwritten	204,526	133,729	65.4	60	0	0	0.0	0
YES	Medigap Plan F VA -5/99	F	NO	0000000	07/30/1992		10/12/2000	05/31/2010	VA Supplement 65	825,230	326,200	39.5	137	0	0	0.0	0
YES	Medigap UW Plan F VA -1/01	F	NO	0000000	12/29/2000			05/31/2010	VA Supplement 65 Underwritten	2,474,126	1,606,991	65.0	899	0	0	0.0	0
YES	VA/CF/MG UW PLAN B -6/10	B	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65 Underwritten	12,136	40,173	331.0	6	1,772	50	2.8	1
YES	VA/CF/MG PLAN C -6/10	C	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65	121,785	60,119	49.4	11	17,190	1,045	6.1	2
YES	VA/CF/MG UW PLAN C -6/10	C	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65 Underwritten	21,801	28,088	128.8	7	2,381	1,240	52.1	1
YES	VA/CF/MG UW PLAN F -6/10	F	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65 Underwritten	420,023	338,751	80.7	182	203,957	148,507	72.8	95
YES	VA/CF/MG UW PLAN HI DED F -6/10	F	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65 Underwritten	21,672	35	0.2	23	14,699	36	0.2	15
YES	VA/CF/MG UW PLAN N -6/10	N	NO	0000000	05/21/2010			09/01/2012	VA Supplement 65 Underwritten	6,093	2,563	42.1	2	3,134	11	0.4	2
YES	VA/CF/MG PLAN A -6/10	A	NO	0234560	05/21/2010				VA Supplement 65	36,504	40,017	109.6	5	37,252	2,679	7.2	6
YES	VA/CF/MG PLAN B -6/10	B	NO	0234500	05/21/2010				VA Supplement 65	4,871	1,339	27.5	2	11,889	10,895	91.6	9
YES	VA/CF/MG PLAN F -6/10	F	NO	0234500	05/21/2010				VA Supplement 65	92,151	39,711	43.1	23	955,146	685,530	71.8	763
YES	VA/CF/MG PLAN HI DED F -6/10	F	NO	0234500	05/21/2010				VA Supplement 65	9,281	39	0.4	6	45,965	14,064	30.6	79
YES	VA/CF/MG PLAN G -2/12	G	NO	0234500	05/17/2012				VA Supplement 65	0	0	0.0	0	22,021	10,359	47.0	16
YES	VA/CF/MG PLAN L -2/12	L	NO	0234500	05/17/2012				VA Supplement 65	0	0	0.0	0	8,485	1,135	13.4	5
YES	VA/CF/MG PLAN M -2/12	M	NO	0234500	05/17/2012				VA Supplement 65	0	0	0.0	0	2,637	1,388	52.6	2
YES	VA/CF/MG PLAN N -6/10	N	NO	0234500	05/21/2010				VA Supplement 65	6,276	20,659	329.2	2	73,952	49,783	67.3	72
0199999. Total Experience on Individual Policies										5,489,042	3,677,743	67.0	1,660	1,400,480	926,722	66.2	1,068

360.VA



SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details  
PRODUCT PREDATES OBRA .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.  
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3.2 Contact Person and Phone Number: Wanda Oneferu-Bey 443-471-5550 .....
4. Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2014 OF THE Group Hospitalization & Medical Services, Inc.

**MEDICARE PART D COVERAGE SUPPLEMENT**

(Net of Reinsurance)

NAIC Group Code		0380		(To Be Filed by March 1)		NAIC Company Code		53007	
		Individual Coverage		Group Coverage		5			
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash			
1. Premiums Collected									
1.1 Standard Coverage									
1.11 With Reinsurance Coverage .....		5,526,084	XXX	0	XXX			5,526,084	
1.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			0	
1.13 Risk-Corridor Payment Adjustments .....		0	XXX	0	XXX			0	
1.2 Supplemental Benefits .....		514,175	XXX	0	XXX			514,175	
2. Premiums Due and Uncollected-change									
2.1 Standard Coverage									
2.11 With Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
2.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
2.2 Supplemental Benefits .....		0	XXX	0	XXX			XXX	
3. Unearned Premium and Advance Premium-change									
3.1 Standard Coverage									
3.11 With Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
3.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
3.2 Supplemental Benefits .....		0	XXX	0	XXX			XXX	
4. Risk-Corridor Payment Adjustments-change									
4.1 Receivable .....		0	XXX	0	XXX			XXX	
4.2 Payable .....		0	XXX	0	XXX			XXX	
5. Earned Premiums									
5.1 Standard Coverage									
5.11 With Reinsurance Coverage .....		5,526,084	XXX	0	XXX			XXX	
5.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
5.13 Risk-Corridor Payment Adjustments .....		0	XXX	0	XXX			XXX	
5.2 Supplemental Benefits .....		514,175	XXX	0	XXX			XXX	
6. Total Premiums .....		6,040,259	XXX	0	XXX			6,040,259	
7. Claims Paid									
7.1 Standard Coverage									
7.11 With Reinsurance Coverage .....		4,477,019	XXX	0	XXX			4,477,019	
7.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			0	
7.2 Supplemental Benefits .....		901,410	XXX	0	XXX			901,410	
8. Claim Reserves and Liabilities-change									
8.1 Standard Coverage									
8.11 With Reinsurance Coverage .....		202,023	XXX	0	XXX			XXX	
8.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
8.2 Supplemental Benefits .....		(21,113)	XXX	0	XXX			XXX	
9. Health Care Receivables-change									
9.1 Standard Coverage									
9.11 With Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
9.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
9.2 Supplemental Benefits .....		0	XXX	0	XXX			XXX	
10. Claims Incurred									
10.1 Standard Coverage									
10.11 With Reinsurance Coverage .....		4,679,042	XXX	0	XXX			XXX	
10.12 Without Reinsurance Coverage .....		0	XXX	0	XXX			XXX	
10.2 Supplemental Benefits .....		880,297	XXX	0	XXX			XXX	
11. Total Claims .....		5,559,339	XXX	0	XXX			5,378,429	
12. Reinsurance Coverage and Low Income Cost Sharing									
12.1 Claims Paid - Net of Reimbursements Applied .....		XXX	0	XXX	0			0	
12.2 Reimbursements Received but Not Applied-change .....		XXX	0	XXX	0			0	
12.3 Reimbursements Receivable-change .....		XXX	0	XXX	0			XXX	
12.4 Health Care Receivables-change .....		XXX	0	XXX	0			XXX	
13. Aggregate Policy Reserves-change .....		0	0	0	0			XXX	
14. Expenses Paid .....		756,082	XXX	0	XXX			756,082	
15. Expenses Incurred .....		756,082	XXX	0	XXX			XXX	
16. Underwriting Gain/Loss .....		(275,162)	XXX	0	XXX			XXX	
17. Cash Flow Results		XXX	XXX	XXX	XXX			(94,252)	

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